

This Page Is Inserted by IFW Operations
and is not a part of the Official Record

BEST AVAILABLE IMAGES

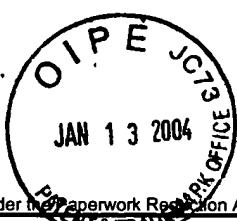
Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images may include (but are not limited to):

- BLACK BORDERS
- TEXT CUT OFF AT TOP, BOTTOM OR SIDES
- FADED TEXT
- ILLEGIBLE TEXT
- SKEWED/SLANTED IMAGES
- COLORED PHOTOS
- BLACK OR VERY BLACK AND WHITE DARK PHOTOS
- GRAY SCALE DOCUMENTS

IMAGES ARE BEST AVAILABLE COPY.

**As rescanning documents *will not* correct images,
please do not report the images to the
Image Problem Mailbox.**



PTO/SB/01 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted With Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	10018
First Named Inventor	Nathan Snell
COMPLETE IF KNOWN	
Application Number	10/692,943
Filing Date	October 24, 2003
Art Unit	Not Yet Known
Examiner Name	Not Yet Known

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

*Mechanism For Dispensing Items Within
A Liquid To Be Dispensed*

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) Oct. 24, 2003 as United States Application Number or PCT International

Application Number 10/692,943 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: 35420 AND/ <input type="checkbox"/> OR <input checked="" type="checkbox"/> Correspondence address below			
Name <i>Michael P. Mazzu, LLC</i>			
Address <i>686 Crescent Blvd.</i>			
City <i>Glen Ellyn,</i>	State <i>IL</i>	ZIP <i>60137</i>	
Country <i>USA</i>	Telephone <i>630-858-5071</i>	Fax <i>630-858-0373</i>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <i>Nathan</i>		Family Name or Surname <i>Snell</i>	
Inventor's Signature		Date	
Residence: City <i>Mooresville</i>	State <i>North Carolina</i>	Country <i>USA</i>	Citizenship <i>USA</i>
Mailing Address <i>123 Broken Pine Lane</i>			
City <i>Mooresville</i>	State <i>North Carolina</i>	ZIP <i>28117</i>	Country <i>USA</i>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <i>Rafael M.</i>		Family Name or Surname <i>Rodriguez</i>	
Inventor's Signature		Date	
Residence: City <i>Ormond Beach</i>	State <i>Florida</i>	Country <i>USA</i>	Citizenship <i>USA</i>
Mailing Address <i>8 Arcaro Ct.</i>			
City <i>Ormond Beach</i>	State <i>Florida</i>	ZIP <i>32174</i>	Country <i>USA</i>
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

Nov 06 03 02:34p

p.6

Nov 03 03 01:49p

10015

p.3



PTO/SB/01 (08-02)
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
www.uspto.gov
LAW OFFICES OF PATENT, TRADEMARK, AND CORPORATION ATTORNEYS
Approved for use through 07/31/2002. GPO: 08-02-022

DECLARATION -- Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: 356120 <input checked="" type="checkbox"/> ⁴⁴⁻⁵¹ ⁰⁴ Correspondence address below			
Name: M. R. R. P. Mazzoni, LLC			
Address: 686 Crescent Blvd.			
City: Gurnee	State: IL	ZIP: 60031	
Country: USA	Telephone: 630-953-5544	Fax: 630-353-0272	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (First and middle if any): R. Mazzoni		Family Name or Surname: Scialli	
Inventor's Signature:		Date: 11/7/03	
Residence: City: Mooresville	State: North Carolina	Country: USA	Citizenship: USA
Mailing Address: 123 Broken Pipe Lane			
City: Mooresville	State: North Carolina	ZIP: 28117	Country: USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (First and middle if any): R. M. Scialli		Family Name or Surname: Scialli	
Inventor's Signature:		Date: 11/4/03	
Residence: City: Ormond Beach	State: Florida	Country: USA	Citizenship: USA
Mailing Address: 8 Acca Ct.			
City: Ormond Beach	State: Florida	ZIP: 32174	Country: USA
<input type="checkbox"/> Additional inventors or joint inventors whose signatures are being certified on this application (check if PTO/SB/02A or 02L is being used here).			

(Page 2 of 2)

PTO/SB/02A (08-03)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet

Page 1 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Family Name or Surname		
Todd		Krawczyk		
Inventor's Signature		Date		
Residence: City	Ormond Beach	State	Florida	Country USA
Mailing Address	4 Arcaro Ct.			
Mailing Address				
City	Ormond Beach	State	Florida	Zip 32174 Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Family Name or Surname		
Gregory		Spac		
Inventor's Signature	Date			
Residence: City	Montrose	State	CA	Country USA
Mailing Address	4004 Sunset Avenue			
Mailing Address				
City	Montrose	State	CA	Zip 91020 Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Family Name or Surname		
Michael S.		Massie		
Inventor's Signature	Date 11/3/02			
Residence: City	Freesport	State	IL	Country USA
Mailing Address	5667 US RTE. 20 W			
Mailing Address				
City	Freesport	State	IL	Zip 61052 Country USA

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

PTO/SB/02A (08-03)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet

Page 2 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)		Family Name or Surname		
Todd		Krawczyk		
Inventor's Signature		Date		
Residence: City <u>Ormond Beach</u>		State <u>Florida</u>	Country <u>USA</u>	Citizenship <u>USA</u>
Mailing Address <u>4 Arcaro Ct.</u>				
Mailing Address				
City <u>Ormond Beach</u>		State <u>Florida</u>	zip <u>32174</u>	Country <u>USA</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)		Family Name or Surname		
Gregory		Spano		
Inventor's Signature <u>Gregory</u>		Date <u>11/6/03</u>		
Residence: City <u>Montrose</u>		State <u>CA</u>	Country <u>USA</u>	Citizenship <u>USA</u>
Mailing Address <u>4004 Sunset Avenue</u>				
Mailing Address				
City <u>Montrose</u>		State <u>CA</u>	zip <u>91020</u>	Country <u>USA</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)		Family Name or Surname		
Michael S.		Marsfalo		
Inventor's Signature		Date		
Residence: City <u>Freeport</u>		State <u>IL</u>	Country <u>USA</u>	Citizenship <u>USA</u>
Mailing Address <u>5667 US RTE 20 W</u>				
Mailing Address				
City <u>Freeport</u>		State <u>IL</u>	zip <u>61052</u>	Country <u>USA</u>

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

PTO/SB/02A (08-03)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

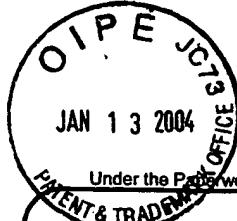
DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental SheetPage 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature	<i>Todd</i>		<i>Kruckey</i>
Residence: City	Ormond Beach	State	Florida
Mailing Address	4 Fisca Ct.		
Mailing Address			
City	Ormond Beach	State	Florida
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature	<i>Gregory</i>		<i>Spear</i>
Residence: City	Montrose	State	CA
Mailing Address	4004 Sunset Avenue		
Mailing Address			
City	Montrose	State	CA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature	<i>Miriam S.</i>		<i>Mastaler</i>
Residence: City	Freeport	State	IL
Mailing Address	5667 US RTE 2011		
Mailing Address			
City	Freeport	State	IL

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.



JAN 13 2004

PTO/SB/81 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/692,943
Filing Date	10/24/2003
First Named Inventor	Nathan Snell
Title	Mechanism for Dispensing
Art Unit	Not Yet Known
Examiner Name	Not Yet Known
Attorney Docket Number	100138

I hereby appoint:



Practitioners associated with the Customer Number:

AND/OR



Practitioner(s) named below:

Name	Registration Number
Michael P. Mezza	34,092

35420

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:



The address associated with the above-mentioned Customer Number:

OR



The address associated with Customer Number:

OR



Firm or Individual Name

Michael P. Mezza, LLC

Address

686 Crescent Blvd.

Address

City

Glen Ellyn

State

IL

Zip

60137-4281

Country

USA

Telephone

(630-858-5071)

Fax

630-858-0373

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name

John A. Kraske; Vice President, Elkay Mfg. Co., WaterTech Division

Signature

Date

12/26/03

Telephone

630-574-8484

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.



*Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.